

CDM-MOC-FORM: ANNEX 1

This annex is required at the 'request for registration' stage only and is submitted by the validating DOE together with CDM-MOC-FORM ("Modalities of communication statement").

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project / programme of activities	LFG flaring project at Dubai, UAE
Project / programme of activities reference number: <i>(if available)</i>	8269
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Green Energy Solutions & Sustainability LLC	
Address: Business Bay, Executive Tower D, Suite #605, Sheik Zayed Road, Dubai United Arab Emirates	
Party (country authorizing participation): United Arab Emirates	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Yousuf	Telephone 1:
First name: Ahmad	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Nouri	Telephone 1:
First name: Anita	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Dubai Municipality	
Address: P.O Box 67, Dubai United Arab Emirates	
Party (country authorizing participation): United Arab Emirates	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Al Shaer	Telephone 1:
First name: Hamdan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: M/s First Climate (India) Private Limited	

Address:

3C, Camac Street, Camac Tower, 9th Floor, Kolkata, West Bengal,
700 016
India

Party (country authorizing participation):

United Arab Emirates

End-date of participation:

N/A (participation is not limited in time) dd/mm/yyyy

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Biswas

Telephone 1:

First name: Subhendu

Telephone 2 (optional):

Email:

Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):